

BRITISH/ PSYCHOANALYTIC /COUNCIL

Accreditation Criteria

Training modality: Psychoanalytic psychotherapy, psychoanalytic and Jungian analytic (PA)

Patient group: Adult

These requirements are considered to be a **minimum** and it is the case that most trainings include additional training elements, for example an Infant Observation, theory seminars, further training cases, and assessed written work.

Selection of suitable candidates:

Applicants should:

- be evaluated in terms of integrity and psychological aptitude as suitable to work at depth with adults
- have completed a basic introductory course in psychoanalytic theory or an equivalent
- ideally have a background in allied professions, and have a degree, usually but not necessarily in medicine, nursing, psychology or social work and be able to demonstrate an ability to work to a high academic standard

Duration of training:

A minimum of four years must be completed before qualification. Any entry requirement course may not be included in the four years.

Training components:

- academic teaching
- clinical work
- personal psychoanalytic psychotherapy



Academic Teaching:

This should include theory seminars, workshops and clinical seminars, of not less than 360 hours. The theory seminar programme should last at least three years with a minimum of 3 x 10 week terms of 3 hours teaching per week.

The clinical seminar programme should last at least four years and until qualification.

Psychoanalytic theory is to be taught by experienced and knowledgeable psychoanalytic psychotherapists, psychoanalysts and Jungian analysts and encompass a thorough grounding in theory and psychoanalytic thought and practice. A range of psychoanalytic approaches from the British clinical tradition must be taught (as detailed in the *Practice and Theory Requirements for BPC Accredited Trainings*) to enable trainees to develop a flexible and thorough understanding of the theory base and its clinical application to psychoanalytic work.

Clinical seminar leaders should be psychoanalysts, Jungian analysts and psychoanalytic psychotherapists registered with the BPC. In clinical seminars, trainees take turns to present their clinical work to the seminar leader and other trainees in conditions of strict confidentiality. Clinical seminars should expose the trainees to different approaches in the British clinical tradition from the ones offered by their supervisors.

There must be some teaching on the interface between psychiatry and psychoanalytic work in order for trainees to understand when to seek further advice about patients.

Clinical Work

Psychiatric experience

This is a requirement if the trainee has not had sufficient experience of working with mental illness and observing psychiatric conditions, as detailed in the *Psychiatric Experience* document (currently being updated).

Patient Assessment

Training organisations must ensure that trainees are appropriately trained in psychoanalytic patient assessment and formulation.



Infant observation

It is recommended that training organisations require trainees to undertake an infant observation.

Training cases

Trainees are required to treat two open ended cases under weekly supervision. Each of the two cases, of different sexes, is to be treated at a frequency of not less than three times weekly, one for a period of not less than two years, the other for not less than eighteen months. A training case cannot be seen at a greater frequency than the trainee's training therapy.

A psychoanalytic assessment of a potential training patient is required and must be completed by a BPC registrant from the psychoanalytic or Jungian analytic part of the register. It is the responsibility of the training committee to ensure the ability of the assessor to make a psychoanalytic assessment. The final decision as to whether a case is suitable for a particular trainee is made by the training supervisor.

Clinical responsibility

Training organisations must adhere to the BPC's protocol for clinical responsibility for training cases.

Please see clinical responsibility protocol and clinical responsibility proforma documents of 2011 (currently being updated).

Supervision

Each training case must be supervised by an approved training supervisor (see below) on an individual basis. Trainees must have weekly supervision for each case until qualification.

The supervision should consist of a detailed discussion of the clinical material presented by the trainee. The trainee should bring comprehensive process notes detailing observations, interactions, and dialogue of the therapy session.



Personal psychoanalytic psychotherapy (training therapy)

A trainee's personal psychoanalytic psychotherapy must be conducted by an approved training therapist (see below) for the entire length of their training.

Wherever possible, the training therapy should be initiated at least one year before starting academic seminars. Training therapy must continue at least until qualification and be at least three times weekly. A training case cannot be seen at a greater frequency than the trainee's training therapy.

Selection of Supervisors, Training Therapists

Supervisors and training therapists should be selected by the training organisation, and there must be written criteria and procedures in place and available. The selection should be made by a training therapist committee.

Only BPC registered psychoanalysts, Jungian analysts and psychoanalytic psychotherapists can be considered as supervisors and as training therapists, once they have the required postgraduate clinical experience. This is generally five years post-qualification, and a substantial number of clinical hours (usually three intensive cases) as detailed in the *Approval of training therapists and supervisors* document (currently being updated).

Assessment of Trainees

Trainees should be assessed throughout their training and be given written feedback at least once per year.

It is recommended that training organisations require trainees to write six monthly patient reports and a qualifying paper.

The assessment should include feedback from all staff involved with the trainee, except for the training therapist, and include six monthly written patient reports (where required by the training committee). In addition, the external examiner provides a more distanced assessment of the trainee's clinical standard, as shown in their clinical patient reports and assessments by supervisors and teaching staff.



The external examiner should be available to be consulted by the training committee at any stage of the training.

Qualification and BPC registration

To be eligible to qualify, trainees must show sufficient competence in all areas outlined in the training organisation's standards of proficiency.

The central qualifying process is the trainer's assessment of the trainee. Trainees can only graduate and be put on the BPC register once they have met the training requirements. We recommend that training organisations require trainees to write a qualifying paper.

BPC registration is offered following successful qualification from an accredited Member Institution (MI).

Accreditation of the MI involves a periodic thorough assessment of the training process, the management structure and postgraduate body. In addition, annual reports from the external examiner provide a regular assessment of the standard of their training.

The BPC wishes to ensure the psychoanalytic basis of all trainings, and therefore requires training therapists, supervisors, and clinical seminar leaders are BPC registrants from the psychoanalytic or Jungian analytic section.

Training committee members must be psychoanalytic psychotherapists, Jungian analysts, or psychoanalysts.

Training organisations have the discretion to vary training requirements in exceptional circumstances and as an interim measure. Any variations should be documented for the next reaccreditation, indicating by whom agreed and brief details of the reasons.